2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State
08-20-2007 90055 022 ***150.00

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1. Entity Name
SARE'S REPAIRS, INC

Principal Place of Business	Mailing Address
3 OAKLAND HILLS COURT ROTONDA WEST, FL 33947	3 OAKLAND HILLS COURT ROTONDA WEST, FL

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1929 COLORADO AVE	1929 COLORADO AVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Englewood, FL 34224	City & State: ENGLEWOOD, FL. 34224
Zip: 34224 Country: Char.	Zip: 34224 Country: Char.

4. FEI Number 01-0805289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SARE, BRADLEY J
3 OAKLAND HILLS COURT
ROTONDA WEST, FL 33947

7. Name and Address of New Registered Agent

Name: BRADLEY J. SARE.
Street Address (P.O. Box Number is Not Acceptable): 1929 COLORADO AVE
City: Englewood FL Zip Code: 34224

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: SARE, BRADLEY J STREET ADDRESS: 3 OAKLAND HILLS COURT CITY-ST-ZIP: ROTONDA WEST, FL 33947	☐ Delete	TITLE NAME STREET ADDRESS: 1929 COLORADO AVE. CITY-ST-ZIP: Englewood FL. 34224	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #